

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101564794

FILING DATE
12.11.06

CLAIMS

	AS FILED		AFTER 1 st AMENDMEN		AFTER 2 nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4			1			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMEN		AFTER 2 nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						